



## SHOW-ME LOANS APPLICATION

### Application Instructions

Please complete each section of the application related to what you are needing to finance. Attach all of the required verification listed in Part 7 and the required signature forms listed found in Part 6. All information must be provided in order for your application to be considered. In most cases, the minimum loan amount is \$500 and the maximum is \$15,000. If you are seeking financing on an accessible vehicle, the minimum loan amount is \$500 and the maximum is \$50,000. **If you have any questions, please call toll-free at 1-800-647-8557.**

### **MAIL THE APPLICATION FORM TO:**

Show Me Loans Program

**Missouri Assistive Technology**

1501 NW Jefferson St., Blue Springs, MO 64015-7242

**Applications and attachments MAY NOT be emailed or faxed.**

### How Your Application Will Be Reviewed

The Show Me Loans Program will review the application. We will make sure the applicant intends to use the loan for Assistive Technology for a Missouri resident with a disability, and has the ability to repay the loan.

All information on this application form will be used only to determine your need for and ability to repay this loan. Borrowers must demonstrate the ability to repay the loan. At the end of this application in **PART 7** is a complete list of required attachments that must accompany this application in order to begin the application process. You can call the office staff if you have any questions before applying.

A loan review committee will decide if you meet its standard criteria for a loan and the Show Me Loans Program will notify you of its decision in writing. If you have a problem credit history or have any questions, you may contact Missouri Assistive Technology before completing your application. The toll-free number is 800-647-8557.

Interest rates: Most approved borrowers will have an interest rate ranging from 2% to 4%. To find out about what your interest rate would be, go to our website at [www.at.mo.gov](http://www.at.mo.gov) and look at the Loan Calculator or you can call Missouri Assistive Technology at our toll-free number 800-647-8557.

# **Missouri Assistive Technology Show-Me Loans PRIVACY POLICY & DISCLOSURE**

The Gramm-Leach-Bliley Act requires us to tell you what steps we take to safeguard the privacy of the financial information you provide to us. Here is a summary of our privacy and disclosure policies.

## **Our Privacy Policy**

We may collect non-public personal information about you from the following sources:

- Information we receive from you on your loan application
- People and organizations identified on your loan application
- Information about your transactions with us, our affiliates or others
- Information we receive from a consumer credit reporting agency

## **What We Disclose**

We do not disclose any non-public personal information about our customers or former customers to anyone except as permitted by law. We may report your payment history to a credit bureau.

## **Confidentiality and Security**

Missouri Assistive Technology takes every precaution to ensure that your personal information remains private. Accordingly, we restrict access to non-public personal information about you to employees and agents of the Missouri Assistive Technology and members of our loan review committee and on a need-to-know basis and co-signers, vendors and providers who need to know that information to provide products or services requested by you. We maintain physical, electronic and procedural safeguards to comply with federal regulations to guard your non-public personal information.

## **Questions**

If you have any questions or concerns about the privacy and disclosure policies, please contact the Missouri Assistive Technology, Show Me Loans Program, 816-655-6702.

# Show Me Loans

## INDIVIDUALIZED FINANCING FOR ASSISTIVE TECHNOLOGY

### LOAN APPLICATION – PART 1

Name of Person with a Disability: \_\_\_\_\_

Age: \_\_\_\_\_

What is the disability? \_\_\_\_\_

Which of your abilities will be effected by the AT requested?

- Seeing
- Hearing
- Mobility
- Speech/Communication
- Learning/Cognitive/Developmental
- Reach/Handling objects
- Remembering
- Interacting with others
- Other

Borrower's Name on the Application: \_\_\_\_\_

Relationship to Person with a Disability: \_\_\_\_\_

### PART 2 (All Applicants) – Place a check or "X" on the line next to your device to finance.

#### Alternative Financing Program (Complete PARTS 3, 4, 8)

- Vehicle modifications
- Hearing Aids
- Modifications to a new vehicle
- Modifications to a Home I/family owns
- Other AT for non-employment reasons

#### WorkAbility Loan Program (Complete PARTS 3, 4, 5, 8)

- Vital Business Equipment
- AT For Employment

#### Accessible Vehicle Loan (Complete PARTS 3, 4, 6, 8)

- Accessible vehicle
- Modifications to a new vehicle I need to purchase

Describe what you need to purchase: \_\_\_\_\_

**Note:** If you do not find an option above for what you want to finance, stop here and contact our office to clarify.

How did you decide on this device, service or modification? Identify any business that assisted you with this selection:

How will this purchase improve the life of the person with a disability?

Cost of the Device, vehicle, service or modification? \$ \_\_\_\_\_  
Amount from other source or deposit? - \$ \_\_\_\_\_  
**Total Amount needed for Financing:** \$ \_\_\_\_\_  
Name of other funding source \_\_\_\_\_  
Identify a range of a **monthly payment you can afford** \$ \_\_\_\_\_  
How did you hear about Show-Me Loans? \_\_\_\_\_

### **PART 3 (All Applicants)**

#### **APPLICANT**

First, Initial, Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_ MO Zip: \_\_\_\_\_  
Mailing Address (If Different): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ County: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_  
Registered Vehicle, Make, Model and License Number: \_\_\_\_\_  
Rent  Own  Years at Residence: \_\_\_\_\_  
Monthly Gross Income or Benefit: \$ \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years There: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_ Type of Account? Checking  Savings   
Marital Status: Married  Separated  Unmarried  US Resident? YES  NO

#### **Two Alternative Contacts:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Provide a Complete Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Provide a Complete Address: \_\_\_\_\_

#### **CO-APPLICANT**

First, Initial, Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Mailing Address (If Different): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ County: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_  
Rent  Own  Years at Residence: \_\_\_\_\_  
Monthly Gross Income or Benefit: \$ \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years There: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Type of Account? Checking  Savings

Marital Status: Married  Separated  Unmarried  US Resident? YES  NO

Relationship to Applicant: \_\_\_\_\_

**Two Alternative Contacts:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Provide a Complete Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Provide a Complete Address: \_\_\_\_\_

**OPTIONAL CO-SIGNER\***

First, Initial, Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Rent  Own  Years at Residence: \_\_\_\_\_

Monthly Gross Income or Benefit: \$ \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years There: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Type of Account? Checking  Savings

Marital Status: Married  Separated  Unmarried  US Resident? YES  NO

Relationship to Applicant: \_\_\_\_\_

**Two Alternative Contacts:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Provide a Complete Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Provide a Complete Address: \_\_\_\_\_

**\*Optional Co-signer must provide written proof of income and a copy of state identification.**

You must read and sign and return the following required form for an applicant and any co-signers joining the application.

Sign the Authorization/Certification form for all applicants

## PART 4 – Monthly Budget and Monthly Financial Obligations

	<b>Applicant (Combine with Spouse or Partner)</b>
Mortgage/Rent	\$ _____
Transportation Cost: Car payment, Car Maintenance, Accessible transportation costs.	\$ _____
Insurance: Health, Auto, Home	\$ _____
Utilities (water, gas, electric)	\$ _____
Phones, TV, Internet	\$ _____
Food & Living Expenses: Groceries, laundry, personal care, pets.	\$ _____
Total Monthly Credit card payments	\$ _____
Child Care/Child Support	\$ _____
Line of credit, secured loans, other type of loan	\$ _____
Student Loans	\$ _____
Entertainment or Hobbies: Eating Out, Recreational Activity costs, Cigarettes/Alcohol, Movies, Gifts, etc.	\$ _____
Taxes or association dues	\$ _____
Miscellaneous – Other Bills	\$ _____
<hr/>	
Total Gross Monthly Income	\$ _____
Total of Monthly Expenses	- \$ _____
Total Available for Loan Payment	= \$ _____

## PART 5 – WorkAbility Program

If you are applying for a loan related to employment, Complete Part 5. If not, go to Part 6.

Please explain what employment you are seeking in reference to this loan request:

- Telework:** The individual with the disability will work from home or from other designated sites away from the office, such as work on the road or at a telework center.
- Employed:** The Assistive Technology is needed to obtain or maintain employment.
- Self-employment:** The individual with the disability is at least part owner of the business, performs substantial work for the business, and conducts at least some portion of the business at his/her home or at a remote site other than the a business office.

**If the loan will be for a new self-employment start-up, you will also need to submit a business plan.** Contact Missouri Assistive Technology for an outline of what the business plan should include. If you need assistance in completing a business plan, resources can be provided by our office.

## What equipment is eligible through the WorkAbility loan program?

Examples include, but are not limited to: computers, printers and related peripherals, software, fax machines and scanners, office machines, tools, office furniture, telecommunication devices, home modifications needed to create an accessible home office, Assistive Technology that will enable an individual with a disability to work more independently or productively (Example: hearing aids), maintenance agreements and extended warranties for the equipment, etc. If you have questions about whether a type of equipment would be eligible, call Missouri Assistive Technology (MoAT) at the toll-free number.

Will the employment (Select one):

Increase Income

Allow you to keep your job

Expand a current business

Start a self employment business

List the equipment and/or Assistive Technology are you looking to purchase for employment related purposes here. Attach a written estimate for **all** items with the application.

**The next section is for Self Employment Ventures Only. All others move to the next section.**

BUSINESS NAME: \_\_\_\_\_

What experience do you have in this type of employment/self-employment?

Do you have insurance to cover loss damage to equipment? Yes  No

Is this a new or existing WorkAbility business or employment arrangement?

New  Start -up Date: \_\_\_\_\_

Existing  For How Long? \_\_\_\_\_ Business License #: \_\_\_\_\_

Please briefly describe the Self Employment for which you are purchasing the equipment. Explain your service or product, if you have prior experience operating this or another business, hours you will work, who your customers are/will be, describe potential competitors, where you will locate your business, proposed future operations and suppliers (if applicable). Attach a write up if more space is needed.

You must read and sign and return the following required form for an applicant and any co-signers joining the application.

Read the Privacy Policy & Disclosure form

Sign the Authorization/Certification form for all applicants

**PART 6 – If you are applying for a loan for an adapted vehicle, complete Part 6.  
If not, go to the Authorization/Certification Form on Page 13.**

What type of vehicle access are you looking to finance? (Van conversion, hand controls for car, for a driver or a passenger, to add a lift on Truck, other?) Describe what you plan to purchase. List model and year of the vehicle:

Current mileage: \_\_\_\_\_ VIN Number: \_\_\_\_\_

How did you decide on the specific device?

If you received help in selecting a specific device, who provided the assistance?

Briefly explain how the vehicle access or service will improve the life of the person with a disability (i.e. improve functional abilities, remove barriers to daily living, get to work, etc.) Attach an additional sheet if necessary.

What is the monthly insurance premium for the new vehicle you wish to finance? \$ \_\_\_\_\_

Auto Insurance Carrier Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Policy number: \_\_\_\_\_

Liability, Comprehensive and Collision coverage: \_\_\_\_\_

**(Please attach a copy of your insurance card and a quote of coverage for the new vehicle.)**

Please list all cost of the accessible vehicle, any other contributing funds, your available deposit towards the cost of the vehicle on Page 4.

Requirement: Name, address and phone of the National Mobility Equipment Dealers Association member (<http://members.nmeda.org>) you would buy the equipment from:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Have you taken out and paid off a vehicle loan previously that may not appear on a credit report? Yes  No

Name of lender: \_\_\_\_\_ Date of pay off: \_\_\_\_\_

**(Attach proof of payoff if available)**

If the loan includes hand controls, did you receive a written statement from your physician? Yes  No

Have you had an evaluation to determine the type of equipment you need? Yes  No

Will you need training on the equipment? Yes  No

Where will this evaluation/training be (or have been) conducted?

The following 4 pages are required forms to read and complete with an applicant and any co-signers joining the application. **(Note the Signature Affidavit must be signed before a Notary Public.)**

- Read the Privacy Policy & Disclosure form
- Sign and complete the Agreement to Provide Insurance Notice
- Sign and **notarize** the Signature/Name Affidavit with the co-signer
- Sign the Vehicle Title Agreement form with the co-signer
- Sign the Authorization/Certification form for all applicants with the co-signer

**AGREEMENT TO PROVIDE INSURANCE NOTICE  
(for Accessible Vehicles Only)**

I \_\_\_\_\_ will borrow \$ \_\_\_\_\_ from Missouri Assistive Technology (MoAT). As a part of my loan, I agree to do all of the following (in addition to any requirements specified in the Loan documents):

1. Agreement to Provide Insurance:
  - A. I will insure the property as listed and with at least the minimum liability coverage's required by Missouri Department of Revenue ("25/50/10 and Uninsured"). <http://dor.mo.gov/drivers/insurinfo.php>
  - B. I will have MoAT named on the policy, with the coverage's shown in the COVERAGES section.
  - C. I will arrange for the insurance company to notify MoAT that the policy is in effect and MoAT's Lien holder status has been noted.
  - D. I will pay for this insurance, including any fee for this endorsement.
  - E. I will keep the insurance in effect until the Property is no longer subject to MoAT's security interest. (I understand that the Property may secure debts in addition to any listed in the LOAN DESCRIPTION section.

2. Description of property: \_\_\_\_\_

3. Coverage Type:

Comprehensive  Collision  Theft  Fire  Liability  Hail Wind/Rain/Glass  Other

Insurable Value: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

Gap Insurance Coverage (Obtained from Mobility Dealership): \_\_\_\_\_

Insurable Value: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

4. Status: Your status shall be listed on the insurance policy as: Lienholder

**Missouri Assistive Technology shall be listed on the insurance policy as: Lienholder**

5. Insurance Company: The insurance policy covering the Property and the insurance company issuing the policy is as follows:

A. Policy Number: \_\_\_\_\_ Effective from: \_\_\_\_\_ to: \_\_\_\_\_

B. Insurance company name: \_\_\_\_\_ Agent name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

I agree that I must have **full coverage insurance** on my collateral and unless I provide the Lender with evidence of the insurance coverage required by my agreement with the Lender, the Lender may purchase insurance at my expense to protect the Lender's interests in the collateral. This insurance may, but need not, protect my interests. The coverage that the Lender purchases may not pay any claim that I make or any claim that is made against me in connection with the collateral. I may later cancel any insurance purchased by the Lender, but only after providing the Lender with evidence that I have obtained insurance as required in our agreement. If the Lender purchases insurances for the collateral, I will be responsible for the costs of that insurance, including interest and any other charges the Lender may impose in connection with the placement of the insurance, until the effective date of the cancellation or expiration of the insurance. The costs of the insurance may be added to my total outstanding balance or obligation. The costs of the insurance may be more than the cost of the insurance I may be able to obtain on my own.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURE/NAME AFFIDAVIT  
(for Accessible Vehicles Only)**

Date: \_\_\_\_\_

Applicant #: \_\_\_\_\_

Borrower: \_\_\_\_\_

This is to certify that my legal signature is as written and typed below.  
(This signature must EXACTLY match signatures on the Note.)

\_\_\_\_\_  
(Print or type name) Signature

(If applicable, complete the following.)

I am also known as:

\_\_\_\_\_  
(Print or type name) Signature

\_\_\_\_\_  
(Print or type name) Signature

and that \_\_\_\_\_ & \_\_\_\_\_ are one and the same person.

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

X \_\_\_\_\_

Notary Public for the State \_\_\_\_\_

Residing at \_\_\_\_\_

(Seal) My Commission Expires \_\_\_\_\_

**VEHICLE TITLE AGREEMENT  
(for Accessible Vehicles Only)**

Whereas, the Missouri Assistive Technology (MoAT), Show Me Loan program has agreed to make a loan to the undersigned customer, and

Whereas, the payment of the loan is agreed to be secured by title to a certain motor vehicle which is described in the note and loan instruments by the undersigned to MoAT, and

Whereas, MoAT has issued its special endorsed check, the term of which requires the endorsement of it's lien on the title as a condition thereof.

Now therefore, in consideration of the premises, it is agreed by the undersigned, customer, as follows:

- Customer agrees to cause MoAT to be endorsed on the original certificate of title for the motor vehicle and any application for new certificate of title and to cause the original certificate therefore to be delivered to the Secretary of State of Missouri together with all required documents.
- Customer agrees to pay all required fees to apply for the issuance of a new and original certificate of title showing lien of MoAT, in accordance with applicable laws, statues, and rules.
- Customer agrees to have such application made and filed with the Secretary of State, and all fees, taxes, and costs paid within 5 calendar days of date hereof.
- Customer agrees to return to MoAT a receipt for the Secretary of State therefore within 10 calendar days of date hereof.
- In the event customer breaches this agreement, or defaults in performance of any part of this agreement, such shall be considered a breach of the terms of the loan and note agreement, and MoAT may without further notice, declare all sums due under the loan and note agreements immediately due and payable and take any and all lawful action to collect same, including, within our limitation, repossession of the vehicle.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## AUTHORIZATION / CERTIFICATION FORM FOR ALL APPLICANTS

**I have read and understand this application. Everything that I have stated is true and correct to the best of my knowledge. I understand that Show-Me Loans will retain this application whether or not it is approved. I agree to notify Show-Me Loans, in writing, of any change of name, address, employment or financial status.**

Show-Me Loans is authorized to check my credit and to make all inquiries necessary to verify the accuracy of the information provided. Information obtained will be used to review and approve or deny the application for a loan. **I understand that this is an application for a loan that must be repaid to Missouri Assistive Technology.** By signing below, I authorize all persons inquired of to respond in full to Show-me Loans; also I authorize Show-Me Loans to provide information about its credit experience with me to credit reporting bureaus.

Authorization is hereby given for the release of any and all information concerning bank accounts, employment, and credit or mortgage verification as requested by the Missouri Assistive Technology Show Me Loan Program. I understand that MoAT's Show Me Loan Program may need to contact other agencies and individuals to determine my eligibility and to verify my need for the support for which I am applying. I authorize the release of such confidential information.

I authorize Show-Me Loans to share all financial, credit, and other pertinent information with required entities for the sole purposes of loan approval and loan maintenance.

**Initials:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Contact Information of Person who assisted with Application (if any)

## **PART 7 – Required Documentation – Your loan application will not be processed without the following provided:**

- Completed Loan application
- Photocopy of Missouri state or military identification for all parties on the application
- Photocopy of written verification of income or benefit for all parties on the application
- Written quote of the Assistive Technology (AT) you wish to finance
- Written verification confirming the specific disability of the applicant
- Written verification of additional funds from another source towards the cost of the AT.
- For Accessible Vehicle Applications:
  - Verification of current insurance and quote for new coverage on new vehicle
  - Copy of vehicle title
  - Authorization/Certification Form
  - Agreement to Provide Insurance Notice
  - Notarized Signature/Name Affidavit
  - Vehicle Title Agreement form
  - Copy of Social Security card for all parties on the application
- For Self Employment Applications:
  - A business plan with financial projection with anticipated income.
- Additional Information:
  - Please let us know if you are expecting any change in your income or expenses in the near future; if you are expecting any changes in living arrangements in the near future; if the reason for any credit problems are related to a disability; detail what steps you have taken to improve any credit problems; whether any recent moves were required by a job change, promotion, or to improve the quality of life; or any other details you would like to provide for consideration of your application. You may attach another sheet for any responses.

**PART 8 – Please answer the following questions about the loan you are applying for through the Show-Me Loans.**

1. The primary purpose for which I need (or the person I represent needs) an Assistive Technology device or service is related to:

**(Please mark only one answer)**

- Education** – participating in any type of educational program.
- Community Living** – carrying out daily activities; participating in community activities; using community services; or living independently.
- Employment** – finding or keeping a job; getting a better job; participating in other employment training program, vocational rehabilitation program, or other program related to employment.

2. Why did you choose to obtain an Assistive Technology (AT) device/service through a loan from our program?

**(Please mark only one answer)**

- I could only afford the AT through this program. (I could not afford it through other programs.)
- The AT was only available to me through this program. (I am not eligible or don't qualify for other programs, the AT is not provided by other funding sources or the specific device I needed is not provided by other programs.)
- The AT was available to me through other programs, but the system was too complex or the wait time too long.
- None of the above. Explain: